

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RH		7/30
O.I.P.E. CLASSIFIER		43	8/3/01
FORMALITY REVIEW	TA	561173	9/1/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1-1-3/7/03
2	8/22/03
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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4/12/01  
 2/2/01  
 10-23-02